

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0379)**

**TITLE OF INFORMATION COLLECTION:**

BeTobaccoFree.hhs.gov Site-wide Satisfaction Survey

**PURPOSE:**

The purpose of this survey is to determine user satisfaction with the ASPA-managed website, www.BeTobaccoFree.hhs.gov.

The survey will be implemented using Qualtrics, our survey software service. Participants will complete the survey online using their own device.

**DESCRIPTION OF RESPONDENTS:**

Survey participation will be optional and voluntary. We will be presenting the survey invitation to visitors when they attempt to either close their browser or browser tab. This implementation method is less burdensome to users, as it is typically triggered at the end of user’s session.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: <u>A Website Feedback Survey</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

**Name:** Sam Bronson

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
General Public	7,500	5/60	625 hours
<b>TOTAL</b>			<b>625 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is none.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The Selection of Your Targeted Respondents**

- Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes  No

***If the answer is yes, please provide a description of both below (or attach the sampling plan)?  
 If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?***

There are roughly 75,000 new visitors to BeTobaccoFree.hhs.gov per month; the survey is not shown again to returning users until thirty days have elapsed. At the expected two percent response rate, we estimate up to 1,500 respondents each month for the remaining five months before the OMB control number expires. Estimating that it takes roughly five minutes to complete the six-question survey, we estimate 625 hours over the course of five months.

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain
- Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**NOTE:** Please see attachment, “BeTobaccoFree.hhs.gov Site-Wide Satisfaction Survey.”